

**VERMONT DEPARTMENT OF HEALTH
2013-2014 INFLUENZA PREVENTION & CONTROL MEASURES FOR
LONG-TERM CARE FACILITIES**

Influenza can be introduced into a long-term care facility by newly admitted residents, health care workers and by visitors. Spread of influenza can occur between and among residents, health care providers, and visitors. Residents of long-term care facilities can experience severe and fatal illness during influenza outbreaks. **If there is one laboratory-confirmed influenza positive case along with other cases of respiratory infection in a unit of a long-term care facility, an influenza outbreak might be occurring.**

Influenza Outbreak Prevention Measures

Influenza vaccination should be provided routinely to all residents and health care workers of long-term care facilities.

Be alert for influenza among residents, health care personnel and visitors to the facility. **Note that elderly persons and other medically-fragile long-term care residents, may not have typical signs and symptoms of influenza, and may not have fever.**

Ask family members and friends not to visit when they are ill. Post signs alerting visitors not to enter if they have symptoms of influenza-like illness (see <http://healthvermont.gov/prevent/flu/documents/VisitorPoster.pdf>).

Exclude healthcare personnel with symptoms of respiratory infection from work for the duration of illness.

Continue to offer influenza vaccine to unvaccinated staff and to new admissions throughout the flu season. Ensure that residents have received pneumococcal vaccine.

Collaborate with the facility medical director to develop a protocol for antiviral use to expedite treatment and prophylaxis if an influenza outbreak occurs. See the **Infection Prevention Manual for LTCF (2009, APIC)** section VI, pages 28-29.

Outbreak Control Measures

Call the Vermont Department of Health/Epidemiology Field Unit (800-640-4374 or 802-863-7240) for guidance. When you call to report a suspected outbreak, VDH will help facilitate the specimen submission process. Test kits are available from the state lab at 1-800-660-9997.

Administer influenza antiviral treatment immediately to all residents who have confirmed or suspected influenza. **Antiviral treatment should not wait for laboratory confirmation of influenza.**

When at least 2 residents/patients are ill within 72 hours of each other and at least one resident has lab-confirmed influenza, promptly initiate antiviral prophylaxis to all non-ill residents. CDC recommends antiviral prophylaxis for a minimum of 2 weeks, and continuing for at least 7-10 days after the last known case was identified (www.cdc.gov/flu/professionals/antivirals).

Use standard and droplet precautions for symptomatic individuals.

Restrict symptomatic individuals to their rooms; cohort patients/residents who have influenza symptoms.

Curtail group activities; serve meals in room.

Promote respiratory etiquette and hand washing among residents, staff and visitors.

Call the Division of Licensing and Protection to inform them of a confirmed or suspected outbreak of influenza.

Start a line list to keep track of cases, both residents and staff; initiate active surveillance.

Avoid floating staff from unit to unit to the extent possible.

Continue to offer influenza vaccine to unvaccinated staff & residents.

Provide in-service training for staff on control measures and hand hygiene. Employees who develop fever and respiratory symptoms should be asked not to report to work until acute symptoms have resolved.

Consider suspending new admissions and transfers if feasible. Hospitals will sometimes need to discharge patients to LTCF when flu activity is high. Cohort individuals who are known to have influenza or who have symptoms of acute respiratory illnesses.

Testing

Collect specimens from 4-6 residents who have influenza-like illness. Specimens should be collected as soon as possible, and no more than 3 days, after onset of symptoms.

Follow instructions that come with VDH Laboratory flu kits for collecting adequate specimens.

If your facility uses rapid influenza diagnostic tests, be aware that false negative results can occur in individuals who have influenza. A negative rapid test cannot exclude influenza as a cause of an outbreak in a facility with ill residents or patients who have clinically compatible illness.

Once an influenza cluster or outbreak has been confirmed, it is not necessary to continue collecting additional specimens for influenza testing.